

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
02-001

2. STATE
Wisconsin

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
01/01/02

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1924 SSA

7. FEDERAL BUDGET IMPACT:
a. FFY 2002 \$0
b. FFY 2003 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Pages 5a and 26a
Attachment 2.6-A, Supplement 1, Page 4a
Attachment 2.6-A, Supplement 6, Page 1
Attachment 2.6-A, Supplement 13, Page 1
Attachment 2.6-A, Supplement 14, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same
Same
Same
Same
Same

10. SUBJECT OF AMENDMENT:

Cost of living adjustments for eligibility requirements.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Peggy B. Handrich

14. TITLE:

Administrator, Division of Health Care Financing

15. DATE SUBMITTED:

16. RETURN TO:

Peggy B. Handrich
Administrator, Division of Health Care Financing
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3/26/02

18. DATE APPROVED:

5/22/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED
MAR 26 2002
DMCH - MI/MN/WI

State: Wisconsin

Citation	Condition or Requirement
<u> </u>	Amount for maintenance of home is: \$ <u> </u>
<u>✓</u>	Amount for maintenance of home is the actual maintenance costs not to exceed <u>\$724.77</u> .
<u> </u>	Amount for maintenance of home is deductible when countable income is determined under § 1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
<u> </u>	Amount for maintenance of home is not deductible when countable income is determined under § 1924(d)(1) of the Act.

State: Wisconsin

Citation	Condition or Requirement
1924 of the Act	<p>13. The agency complies with the provisions of § 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p>___ the maximum standard permitted by law;</p> <p>___ the minimum standard permitted by law; or</p> <p><input checked="" type="checkbox"/> a standard that is an amount between the minimum and the maximum.</p> <p>The maximum is \$89,280.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

Income limits do not apply to institution cases. See Supplement 6 to Attachment 2.6-A for institution income level (special income level under 42 CFR 435.231 and 435.1005).

A. MANDATORY CATEGORICALLY NEEDY

1. SSI-Related Groups Other Than Poverty Level Aged and Disabled Individuals:

1. \$447.11
(+ actual shelter up to \$181.67)
2. \$676.72
(+ actual shelter up to \$272.33)

SUPPLEMENT 6 TO
ATTACHMENT 2.6-A

State: Wisconsin

Standards for Optional State Supplementary Payments

Payment Category	Administered By				Income Level		Income Disregards
							Employed
		Gross			Net		
(Reasonable Classification)	Federal	State	Person	Couple	Person	Couple	
Aged	X		\$1,500.00		\$595.78 \$614.78		
Blind	X		\$1,500.00		\$595.78 \$614.78		
Disabled	X		\$1,500.00		\$595.78 \$614.78		
Aged and Aged Spouse	X			\$3,000.00		\$901.05 \$928.05	
Disabled and Disabled Spouse	X			\$3,000.00		\$901.05 \$928.05	
Aged and Blind Spouse	X			\$3,000.00		\$901.05 \$928.05	
Aged and Disabled Spouse	X			\$3,000.00		\$901.05 \$928.05	
Blind and Disabled Spouse	X			\$3,000.00		\$901.05 \$928.05	

TN No. 02-001
Supersedes
TN No. 01-008

Approval Date _____

Effective Date 01/01/02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WISCONSIN

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. In the determination of resource eligibility the State resource standard is \$89,280.00.
- C. An institutionalized spouse who (or whose spouse) has excess resources shall not be found ineligible under Title XIX of the Social Security Act, per section 1924(c)(3)(C), where the state determines that denial of eligibility would work an undue hardship.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

ELIGIBILITY CONDITIONS AND REQUIREMENTS

**INCOME AND RESOURCES REQUIREMENTS FOR TUBERCULOSIS (TB)
INFECTED INDIVIDUALS**

For TB-infected individuals under §1902(z)(1) of the Act, the income and resources eligibility levels are as follows:

- Assets: The **\$2000 SSI-related MA resource limit** will be applied to the TB-related individual. Individual asset amounts will be determined based on the SSI-related MA policies.
- Income: The TB-related income limit is \$1,175.00, the SSI break-even point. The SSI break-even point is the maximum earned and unearned gross countable income amount an individual can have and still receive SSI benefits. The formula used to determine this is the Federal Benefit Rate (FBR) multiplied by 2, plus \$85. The FBR for 2002 is \$545; therefore, the break-even point is $\$545 \times 2 + \$85 = \$1,175$. This standard should be compared to the individual's actual gross income.

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Richard B. Blum

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Peggy B. Handrich

13. TYPED NAME:

Peggy B. Handrich

14. TITLE:

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21. TYPED NAME:

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Blind	X		\$1,500.00		\$628.78		
Disabled	X		\$1,500.00		\$628.78		
Aged and Aged Spouse	X			\$3,000.00		\$949.05	
Disabled and Disabled Spouse	X			\$3,000.00		\$949.05	
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